

El

No

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09779096 FILING DATE 2-9-01  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
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7		/					57						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		5				TOTAL IND.						
TOTAL DEP.	29		33				TOTAL DEP.						
TOTAL CLAIMS	33		38				TOTAL CLAIMS						

# INDEX OF CLAIMS

Claim		Date			
Filed	Original				
	6				
	17				
	23				
	24				
	25				
	26				
	27				
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SYMBOLS

✓ ..... Filed

□ ..... (through court) Granted

□ ..... Granted

□ ..... Not Granted

A ..... Appeal

o ..... Obsolete

Claim		Date			
Filed	Original				
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